



CREDIT CARD AUTHORISATION

Card Type: Visa/ MasterCard

Name as appears on the credit card: _____

Instructed to take payment by (if different from card holder):

Telephone Contact Number _____

Total Amount debited to the credit card \$_____ for the following:

Details	Amount

Send Receipt **YES / NO** (*please circle & provide details*) –

Payment Details Recorded By: _____

Office Use

Receiving Officer: _____ **Date:** _____

DESTROY AFTER PROCESSING

Card Number: - - -

Expiry Date: -

Security (check) Number: